

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/089167	FILING DATE		
						APPLICANT(S)			
CLAIMS									
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.					
1	1								
2		1							
3		1							
4		1							
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49									
50									
TOTAL IND.	1								
TOTAL DEP.	0	0	0	0					
TOTAL CLAIMS	9	0	0	0					

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